

Commonwealth of Virginia
Department of Rehabilitative Services
Mediation Request and Confidentiality Form

1. Please assign a qualified impartial mediator to meet with us. There are issues we need to resolve regarding the individual's vocational rehabilitation. We understand that the mediator's role is to help us reach a mutually acceptable resolution but not to resolve the issues for us. We believe with the mediator's assistance, we can resolve the issues during a mediation meeting.
2. I consent for DRS to give the mediator my name, address and telephone number in order to contact me to schedule the mediation meeting.
3. We have a copy of Consumer and DRS Rights During the Mediation Process (see Virginia DRS Policy and Procedure Manual Chapter 15, Policy 4, section B.), these rights have been explained, and we understand these rights.
4. We agree that everything said and done in connection with the mediation is to be kept confidential unless we both agree in writing otherwise. Only the signed written agreement (if any) resolving the issues and this signed request form shall become part of the individual's DRS case file. In reporting on the mediation outcome in the case file or to others as allowable under law, regulations and policy, only the signed written agreement or the fact that no written agreement was reached shall be disclosed. We agree not to involve in any due process hearing (including an agency fair hearing) or in court proceedings the mediator, the agency mediation program administrator, communications regarding the subject matter of the mediation, or the records pertaining to the mediation.
5. Please arrange for the following reasonable accommodation regarding accessibility of the mediation meeting location (interpreter for the deaf, etc.): _____

6. I and any advocate I bring are available all day on these three (3) dates:

Consumer: 1. _____ 2. _____ 3. _____
 DRS: 1. _____ 2. _____ 3. _____

7. I understand and agree to the statements above.

Customer Name (*print*) _____ Phone _____
 Address _____ TTY _____
 City _____ State _____ Zip _____
 Signature _____ Date _____
 Legal representative signature, if applicable _____ Date _____

Staff Name (*print*) _____ Phone _____
 Address _____ TTY _____
 City _____ State _____ Zip _____
 The issues to be mediated ☐ have ☐ have not risen through the supervisor unresolved.
 Signature _____ Date _____

8. Date approved _____ Regional Director Name (*print*): _____
 Regional Director Signature _____

Both consumer and counselor must sign if they agree to mediation. Counselor sends signed form to Regional Director. If approved, Regional Director sends form to Fair Hearing Coordinator, DRS Central Office, P.O. Box K300, Richmond VA 23288-0300. Fax (804) 662-7696, or e-mail.